

**APPLICATION FOR
IRP
REGISTRATION**



Delaware Department of Transportation
International Registration Plan
P O Drawer 7065
Dover, Delaware 19903
(302) 744-2701 / 1-800-556-4343

Office Use Only
IRP Account Number

| | |
|--------------------|---------------------------------|
| Legal Name _____ | |
| DBA _____ | |
| FEIN _____ | SSN _____ |
| USDOT Number _____ | DE Drivers License Number _____ |

Physical Location (No Post Office Box)

Street _____

City _____ State DE Zip _____ County _____

Mailing Address

P O Box _____

Street _____

City _____ State _____ Zip _____

Contact

Name _____ Phone _____

Email _____@_____. _____

FAX _____ Alt Phone _____
(mobile, home, office, other)

Ownership Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability Corporation
☐ Limited Liability Partnership

President OR Partner _____ Vice President OR Partner _____

Secretary _____ Treasurer _____

I certify that the information reported above is true and correct to the best of my knowledge

Signature

Date